

Montgomery County Department of Recreation
Health & Information Form: Employee/Volunteer
(Please Print)

Instructions:

Employees/Volunteers must complete all applicable sections on this form carefully and accurately. Forms are to be turned in to your Coordinator or Director on the first day of the program. **You may not work at the site if this medical form is not on file at the program.**

Name: _____ ☐ Male ☐ Female

Parent/Guardian(s) (if applicable): _____

Home Phone: _____ Age: _____ Date: ____/____/____

Address: _____

In case of emergency, we should contact (parent, spouse, other): _____

Relationship: _____ Phone(s): _____

Your Health Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Immunization Requirements

All participants who volunteer with the Montgomery County Recreation Department's Counselor-in-Training program must have current immunizations that are consistent with the State of Maryland school requirements.

- ☐ My child is registered at a Maryland licensed school as follows: _____
(Note: Attending a licensed public or private school or day care in the State of Maryland verifies immunization.)
- **Note: A Maryland Immunization Certificate must be attached if you check either of the boxes below. Call 240-777-6870 or go online at montgomerycountymd.gov/rec to get this form.**
- ☐ My child is not registered in a Maryland licensed school or day care (i.e., Your child is not yet registered in any school, is home schooled, or attends an out-of-state school).
- ☐ My child must be exempted from immunization on medical or religious grounds.

Health Information

- Date of last Tetanus shot: _____ **(must be completed to attend)**
- Are there any identified health issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment? ☐ No ☐ Yes **(If yes, provide physician's statement)**
(Note: For emergency medical treatment, 911 will be called.)
- **An Authorization for Medication form must be attached if your child must receive medication during program hours. Call 240-777-6870 or go online at montgomerycountymd.gov/rec to get this form.**

List medication and dosages: _____

❖ **NOTE:- If your child must receive Medication at Camp; you must send a completed Medication Form to the Recreation Department (4010 Randolph Road, Room 306, Silver Spring, MD 20902) for review at least 15 business days prior to your child's session. This information must be reviewed before your child's participation in our program.**

- List all pertinent information regarding any health problem(s) including physical, psychiatric, behavioral, or other problems. Please help us serve you by being specific.

- List any allergies: _____

Release Statement

The staff/volunteer assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each staff/volunteer to consult his or her physician concerning fitness to participate in the program. The staff/volunteer consents to emergency treatment. The staff/volunteer also consents to the County's use of any photographs taken or video tapes made of the program. If the staff/volunteer is a minor, the parent/guardian approves his or her participation in the program. By signing here, I verify that all information on this form is correct, and I agree with the release statement above.

Signature: _____

Date: ____ / ____ / ____